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EQUIPMENT

ELECTRIC THERAPY TABLE 20-10
MANTENO STATE HOSPITAL, Ill., has in use an electric therapy table constructed in its own carpentry shop. The table is designed for safety as well as economy. The Superintendent states that the table has proved its efficacy in preventing fractures.

The top, made of plywood, is arched so that the thoracic spine of the patient is in hyper-extension. The top is covered with a two-inch thick, removable rubber pad. The table has four solid wooden legs, two of which are provided with ball bearing wheel casters of the locking type to allow easy movability and yet to keep the table stationary while in use.

The table is built so that the highest point of its top is on a level with the ward beds to facilitate lifting the patient from the table to the bed. The dimensions of the table are such as to accommodate the average sized adult.

SAFE EYE-DROPPER 20-8
YPSILANTI (MICH.) STATE HOSPITAL has developed a safety type of eye dropper to use on disturbed patients who are receiving pilocarpine drops to combat the possibility of glaucoma. It consists simply of a one-inch length of rubber tubing placed over the constricted end of an ordinary eye dropper. Thus, if the patient jumps when the drops are being administered, the soft end of the rubber, rather than the glass end of the dropper will come in contact with his eye. The hospital considers that this innovation has obviated what initially appeared to be a distinct hazard in pharmacotoxic therapy.

"THE SPINAL HORSE" 20-9
A "SPINAL HORSE" has been used for some years at Ypsilanti (Mich.) State Hospital to aid in spinal taps.

The "horse" has some slight resemblance to a child's rocking horse, but is without rockers or a decorated horse's head. The patient sits astride the horse, facing the head. A two-foot wooden rod is placed in one of two holes in the neck-piece, depending on the size and obesity of the patient. The patient is then asked to lean over the headpiece, with his head resting on his crossed arms. This position greatly facilitates the performance of a spinal

PLEASE CIRCULATE

For the rest of 1950 each subscribing hospital will receive five copies of the *Bulletin* each month for staff circulation. This new policy was recommended by the M.H.S. Consultants meeting on April 19 as a means of bringing the Mental Hospital Service more readily to the attention of all hospital personnel.

All five copies will be sent to the address now on file at this office. As before, however, M.H.S. will send *Bulletins* to individual physicians and some others affiliated with mental hospitals for \$1 through 1950 (including back issues).

Please make the most effective use of the five copies you receive. Remember the *Bulletin* is directed to all types of hospital personnel and contributions to it are welcome from all.

puncture and many such examinations can be done in routine fashion during one afternoon. Previously, securing the proper position had been a difficult and time consuming operation. (Rough drawings of the Spinal Horse are available on request.)

LEGISLATION

N. Y. STATE SEX CRIMINAL LAW

2-5

New York State last month enacted a new law for sex criminals which incorporates recommendations made after a 2-year study by a special committee working under the auspices of the Commissioner of Mental Hygiene and the Commissioner of Corrections.

The legislation provides for indeterminate prison sentences of one day to life for convicted sex offenders. Prisoners will be released only when rehabilitated sufficiently to be considered good risks. It also transfers to the Commissioner of Mental Hygiene the psychiatric and psychological services of the Department of Correction and the Board of Parole, and it provides for examination by psychiatrists of all persons convicted of sex felonies before sentencing.

PUBLIC RELATIONS

MED STUDENTS IN MENTAL HOSPITAL

4-11

FOR THE SUMMER OF 1950, Western State Hospital, Staunton, Va., has been able to secure the employment of medical students who have completed their third year at the Medical School of the University of Virginia.

During their three months' stay, they will participate in all staff activities and function to some extent as practicing physicians with duties directly under the supervision of the Chief of Service. This program is seen as a wedge whereby the mental hospital can acquaint the future doctor with the problems of caring for the mentally ill in Virginia.

ENGLISH PSYCHIATRISTS MAKE HOME VISITS

4-12

THE 1948 REPORT OF THE BEXLEY HOSPITAL, Bexley, Kent, England, carried an interesting note on use of hospital psychiatrists in visiting the homes of patients who need treatment. This service is considered a means of tying the hospital more closely to the community and breaking down its isolation.

The note reads, "Domiciliary Visits: All the Senior Physicians have been available when called upon by general practitioners to see patients in their own homes. This service frequently short circuits the observation wards and leads to earlier treatment on a voluntary basis."

MORE SURPLUS FOODS

In addition to the surplus foods mentioned in the April Bulletin, the Department of Agriculture now has available for donation to eligible agencies (including many mental hospitals) 15 million pounds of butter and 5 million pounds of cheese. These commodities will be offered free of charge at the point of storage. Costs of further handling and shipping them must be paid by the recipient. Those receiving the supplies must agree not to reduce their expenditures for food because of obtaining them.

Information about applying for these commodities can be obtained in most state Departments of Welfare or Education or at the M. H. S. office.

COMMITMENT

ADVICE TO COURTS

5-2

IN AN ATTEMPT TO CURB THE COMMITMENT to mental hospitals of older persons who are not mentally ill, the California Director of Mental Hygiene recently sent a memo to Superior Court Judges, District Attorneys, Probation Officers, Medical Examiners, and Clerks of Courts explaining the situation.

The letter, asking cooperation of the courts, pointed out that many older persons committed to state hospitals were not mentally ill but were dying of diseases incident to old age, as evidenced by the 30 per cent who live less than three months after their arrival in the institutions.

It also quoted sections of the law which specify that "no case of harmless chronic mental unsoundness" shall be committed to a state hospital, and that the superintendent can return such cases to their homes, charging costs to their counties, although the Department of Mental Hygiene has not used this authority.

The need to keep beds and personnel free for curable cases was stressed. Differential symptoms between harmless senility and mental illness were also listed.

PATIENTS

GERIATRIC UNIT

17-9

WILLARD (N. Y.) STATE HOSPITAL has set up a geriatric research unit in the wartime naval hospital at Sampson, N. Y. The buildings are particularly adapted to the purpose because they have ample space for various activities in addition to living, sleeping, and eating quarters.

No barred windows, locked doors, or other elements of a public mental hospital are present. The elderly patients particularly appreciate the broad, expansive grounds overlooking Seneca Lake.

Geriatric research at the Sampson Division of Willard is still in its initial stages. The work is being carried on by Superintendent Kenneth Keill, M.D., under the guidance of a committee composed of Dr. Frederick MacCurdy, N. Y. State Commissioner of Mental Hygiene; Dr. Arthur W. Pense, Deputy Commissioner; Professor Clive McCay, Cornell University authority on dietetics; Dr. George Lawton, N. Y. City psychologist; Dr. Richard Lyons, Professor of Medicine at Syracuse University; and Dr. Meyer M. Harris, principal research internist at New York Psychiatric Institute.

ADMINISTRATION

ADMINISTRATIVE ASSISTANT

1-10

SINCE THE MEDICAL STAFF at Huntington (W. Va.) State Hospital has always been inadequate, the superintendent felt he could occupy much of his time more profitably by dealing with purely medical problems rather than spending it all in administration. The hospital has, therefore, employed an administrative assistant to the superintendent.

While many administrative problems which do not involve medical judgment could be handled by a secretary, others cannot. The administrative assistant, however, can act as the superintendent's deputy, speaking with more authority than a secre-

THE QUESTION BOX

To speed the exchange of urgently needed information, "The Question Box" will give the name and address of the person from whom the question was received. Subscribers who can supply information are asked to write directly to the inquirer, sending a copy of their letter to M.H.S. so that we may have the information for future use.

1. Vermont State Hospital (Dr. R. A. Chittick, Superintendent, Waterbury) is planning a new ward building for convalescents and patients who are only moderately ill. They would like suggestions on what such a building should include and on arrangement of bathing facilities to give the individual patient a reasonable degree of privacy.

2. N. Y. State Department of Social Welfare Commission for the Blind has several young, talented applicants who desire training in psychology so they can do routine work in interviewing and case recording for psychologists and psychiatrists. One is also interested in musical therapy in psychiatry. Would a properly trained blind person be able to do these jobs, and would be of sufficient value to be hired as a secretary or assistant in recording and typing case histories using a recording machine? No problem of getting to or from a job would arise with a well oriented blind person. Any hospital that would consider hiring a blind person in such a capacity is asked to write Ralph J. Kurr, Supervising Rehabilitation Counsellor, Vocational Rehabilitation Service 112 State St., Albany 1, N. Y. If blind people can be employable in such positions it would open up an entire new field for them as well as furnish a partial solution to the lack of trained personnel in these fields.

tary. He performs such duties as the superintendent assigns to him, relieving both superintendent and assistant superintendent of many time consuming details.

The present administrative assistant is a man who had been trained as a social worker and whose previous experience taught him to meet the public well. Since this system was inaugurated August 1, 1947, there has been no friction between the administrative assistant and members of the professional staff.

TRAINING

STATE-WIDE AIDE TRAINING PROGRAM

10-6

THE RECREATION AND OCCUPATIONAL THERAPY TRAINING COURSE FOR AIDES, sponsored by the Illinois State Department of Public Welfare at the Manteno State Hospital, is an intensive two months course for professionally untrained workers who come from the various state hospitals in groups of from 10 to 16. During the period of training they receive salaries from their own hospitals and full maintenance at Manteno.

The activities taught in the classroom and utilized in the work with patients are selected on the basis of their suitability for active participation of large groups rather than small groups or individuals. Emphasis is placed on the necessity of selecting ac-

tivities and material that will provide stimulating situations in which the patient will use his own initiative. The students are given an understanding of the underlying theory of these activities and their therapeutic value for the patients.

Throughout the course, lectures on play and group work and on occupational therapy are given by the school staff. Members of the hospital staff give lectures on mental illness, human behavior, hospital ethics, auxiliary therapies and departmental services. Outside speakers lecture on topics related to recreation, occupational therapy and allied fields.

The play activities presented during the course include simple folk and country dancing, simplified dance patterns for the more regressed patients, a wide range of games for men and for women, informal dramatics, rhythm band and community singing. The occupational therapy program includes instruction in such creative media as chalk, paint, finger-paint and clay, and work in plastic, leather, wood, stencils, posters, puppetry and simple crafts.

PERSONNEL

SWAMPED WITH SUMMER JOB APPLICATIONS

9-9

IN THE SUMMER OF 1948, Western State Hospital, Staunton, Va., began employing junior and senior college students in pre-med, psychology, and sociology courses as attendants during their vacation months. Although the program started out in a fairly small way, it became so popular through returning students spreading the word that the hospital was besieged with applicants the following summer.

In 1949, with about 40 students, a very active recreational therapy program was carried on. It consisted of daily walks, games, sings, picnics, etc., for patients who had been unable to get off the wards due to lack of personnel.

The summer program offers students an opportunity, in their selective fields, for practical work and study of the mentally ill. It gives them a better understanding for theoretical work. To date, Western State Hospital has received over 75 applications for this summer although it can house only about 40 students.

VOLUNTEERS

EMBRYONIC TB DEPARTMENT

11-8

THE OT DEPARTMENT at Nevada State Hospital, Reno, was started several years ago in a small section of the basement of the nurses' cottage. It owed its origin and support to a small group of women in Reno who realized the need of such activity for patients. Later civic groups helped support it.

At first all materials used were salvage items contributed by interested residents. Many of the finished articles were sold, half of the profit from each article being given to the patient and half returned to the OT department for the purchase of materials. The instructor's salary came from contributions of local citizens.

Lincoln (Ill.) State School and Colony has formed a 24-hour volunteer fire department. Members drill regularly and attend instruction class.

1947 CENSUS FIGURES ON MENTAL PATIENTS PUBLISHED

The census of "Patients in Mental Institutions, 1947" prepared by Charles C. Limburg, Biometrics Branch, National Institute of Mental Health, is now available from the Superintendent of Documents, Washington 25, D. C. (50c). This is the first census to be published by the U. S. Public Health Service. The work was formerly done by the Bureau of Census. The new publication generally follows the same pattern, however, as in previous years.

The data presented covers patients in state, county, city, psychopathic, and private hospitals for mental disease, in psychiatric wards of generals, and in Veterans Administration and other federal hospitals as well as patients in public and private institutions for mental defectives and epileptics.

The survey includes inquiries on movement of population by sex of patient; first admissions by mental disorder, age, and sex; discharges by mental disorder, conditions on discharge and sex; number of persons comprising administrative staffs of mental institutions, by occupation and sex; and annual expenditures of mental institutions by purpose.

Limitations and difficulties encountered in making the census are described in an interesting introduction by Dr. Limburg and Warren M. Morse.

The Bulletin is published monthly for subscribers to the A.P.A. Mental Hospital Service, American Psychiatric Association, 1624 Eye Street, N.W., Washington 6, D. C.

Subscribers may request further details about any item appearing in the *Bulletin*. A post card request with reference to the number of the item is sufficient.

All subscribers are urged to contribute items to the *Bulletin* about developments in their hospitals.

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M.H.S. Regional Representatives: Selected to represent different types of mental hospitals, institutions, and government services in all States and Canadian Provinces. List available on request.

SECOND MENTAL HOSPITAL INSTITUTE TO BE HELD IN ST. LOUIS IN OCTOBER

The second A.P.A. Mental Hospital Institute is scheduled for early October at the Medical School Auditorium, St. Louis University, Missouri. Plans to hold the Institute were approved by the A.P.A. Council at its Detroit meeting this month. St. Louis was selected as the most convenient and accessible location following extensive discussions with M.H.S. Consultants, Regional Representatives, and A.P.A. officers and members. Exact dates will be announced in the next *Bulletin*.

As the *Bulletin* goes to press, machinery is starting to turn for selecting faculty leaders and for working out program details. M.H.S. Consultants, faculty leaders, representatives of private hospital associations, and many others concerned will be called upon for advice and assistance throughout. A local arrangements committee of hospital leaders in St. Louis is being set up. Administrative work will be done by the M.H.S. staff. Formal announcements will be sent by mail to Governors, Premiers, and Mental Hospital Authorities in States and Provinces as well as to all hospitals.

Following the well received pattern of the first Mental Hospital Institute in Philadelphia last April, the program will again be constructed around simultaneous sessions in which four major areas of hospital endeavor will be considered; administration and business management, personnel and training, community and public relations, and clinical problems. All are focused on the central question "What steps can we take now to improve the care and treatment of patients?"

However, sub-topics this year will be emphatically related to problems of major current concern. Among them are: more and better care with greater economy (particularly for private hospitals); special problems involved in caring for the aged, chronic cases, criminally insane, young people, and mentally deficient; the future of the A.P.A. Mental Hospital Service; and the problem of collecting meaningful statistical data about mental hospitals and patients.

The first Institute demonstrated the desirability of having representatives of all types of hospitals and institutions meet in common session. However, specific times will be set aside for private hospitals, schools for mental deficiency, and other such groups when they may apply discussion material evolving from the general sessions to their own special needs and problems.

Formal announcements will be mailed as soon as names of faculty leaders are confirmed. Any suggestions *Bulletin* readers may have about the program content and operation of the Institute are most welcome.

(Note: It is also suggested, by way of preparation for the Institute, that all who plan to attend read "Better Care in Mental Hospitals" which contains the proceedings of the first Institute. Copies are available from this office at \$3.00. It now appears that the first printing of this book will soon be exhausted.)

EDITORIAL

At the present time when we are giving so much attention to the question of appropriate standards for mental hospitals in an effort to secure better care and treatment for our patients, it seems appropriate that every effort be made to increase the efficiency of hospital operation through any means possible. One area which should receive our attention is that of intra-hospital communication.

Industry has proven without doubt that the morale of employees can be materially raised through the giving out of information concerning policies and planning at the top level of administration. Informed employees are more efficient employees. Those of us in mental hospital work could well take a lesson from the experience of industry and seek to promote the dissemination of hospital plans and policies to our employees. We should not be satisfied to use only one way communication from the superintendent to the employees, but, in addition, should encourage a plan whereby the employees themselves are urged to submit suggestions for hospital improvement to the superintendent. No one knows his job better than the employee himself, so his suggestions become extremely valuable in over-all administration.

Improvement in intra-hospital communication between administrator and employees forms an integral part of any management improvement plan which the hospital may desire to put into effect. More and more modern personnel methods stress the better emotional relationships between employer and employee, and certainly no hospital can function efficiently without high morale and proper motivation of all its employees.

ADDISON M. DUVAL, M.D.

"CITY OF THE SICK" FILM AVAILABLE FROM MHS

The excellent new movie, "City of the Sick," is now available on loan to M.H.S. subscribers free of charge (except postage) from this office.

The film (16 mm., sound, black and white, 20 minutes) was produced by the Ohio Department of Mental Hygiene with M.H.S. Consultant J. Fremont Bateman, Superintendent, Columbus State Hospital, as technical adviser.

In the film an ordinary attendant tells the story of how he learned his job and how his attitude in the patient-attendant relationship changed as he came to believe in and perfect his role in the treatment and recovery of patients. Intended for public education, the dialogue is simple and direct; the action is paced rapidly to hold attention. Although a professional actor plays the lead, the other characters are portrayed by hospital staff members. Patients are used as "extras." Background shots are authentic as the film was taken on the grounds of Ohio hospitals.

Send in your reservations for the picture now. Please enclose stamps sufficient to cover parcel post "special handling" for a 5-pound package from Washington, D. C., to your city.

COMMENTARY

Books Pamphlets Reports Periodicals

Recent issues of the *American Journal of Nursing* have carried worthwhile articles on psychiatric nursing. In the January issue, "Nursing Care for the Acutely Ill Psychotic Patient," by Ruth V. Matheny, R.N., and Mary Topalis, R.N., points out ways for the nurse to help create a psychotherapeutic environment and to manage interpersonal relationships with patients who act aggressively or who reject their environment. In the December issue, "A Prefrontal Lobotomy Program," by P. L. Lombard and L. F. Stevens, contains a detailed description of the nurse's duties in such a program. It includes material to give the psychiatric nurse a better understanding of her role in helping the patient recover. There is also a section on a lobotomy training program for psychiatric aides. While less comprehensive than the above, another article in March, "Changing of the Guard," by Alice M. Robinson, R.N., might be of interest to students and even registered nurses. It tells of the new era in psychiatric nursing which offers a real opportunity for satisfying and constructive work.

"A Practical Treatment Program for a Mental Hospital 'Back' Ward," by M. G. Martin, M.D., in the April *American Journal of Psychiatry* describes the efforts of Saskatchewan Hospital, North Battleford, to improve a chronic ward through an active electro shock therapy program and a change in the attitude of attendants. As a result, patients became more active, cleaner, and more useful around the ward; some were discharged or transferred to "better" wards. In the January issue, an article by Lela S. Anderson on "Human Factors Involved in Providing Better Nursing Care of Patients in Mental Hospitals" gives some good tips on better administration.

General hospitals may find some valuable ideas in the April edition of *Postgraduate Medicine*. In writing on "Management of Neuroses in a General Hospital," Dr. Baldwin L. Keyes suggests that the psychiatrist make the rounds with other physicians to help remove the stigma from psychiatric consultations. Patients who seem to need psychiatric treatment may be called in for consultation and even continued on an outpatient basis after discharge. He outlines a method for soliciting the patient's help in writing his own psychiatric history, thus saving time for the busy physician.

"The Juvenile Patient in the State Hospital," by H. S. Perry, M.D., and Sol Levy, M.D., in the April *Diseases of the Nervous System*, is a report from Eastern State Hospital, Medical Lake, Washington, on the problem of handling mentally ill youngsters. This hospital does not have special facilities for young patients. The article pleads on both humane and economic grounds for special care of mentally ill children and adolescents since their recovery rate has not kept pace with the recovery rates of the total hospital population.

While on this subject, we note that the State Department of Mental Health, Lansing, Mich., has put out a 7-page mimeographed pamphlet of a "Proposed Plan for Psychiatric Hospital for Children." It outlines the philosophy, physical plant (built on the cottage system), and personnel for such an undertaking. An existing mental hospital in the vicinity of the proposed children's hospital would supply some of the necessary services.

"A Concise Outline of Recovery's Self-Help Techniques," by Dr. Abraham A. Low (Published by Recovery, Inc., the Association of Nervous and Former Mental Patients, 116 S. Michigan Ave., Chicago 3, 10c) is a brief pamphlet describing a method in use since 1937 to combat the relapse of discharged mental patients and to speed their adjustments to the outside world.

The *Digest of Neurology and Psychiatry* for May has an abstract of "Vocational Rehabilitation of Neuropsychiatric Patients," by John C. Phillips and Hugo Mella of the Coatesville (Pa.) V.A. Hospital. The procedure at the end of hospitalization and after discharge is outlined.

GROUP HOSPITALIZATION FOR MENTAL ILLNESSES

In many sections of the U. S. and Canada, group hospitalization plans allow for brief treatment of mental illnesses. Some provision for hospitalization of patients with nervous and mental disorders is made by 37 Blue Cross plans operating in 26 states, the District of Columbia, and one Canadian province. Two New York State plans allow treatment for nervous conditions only.

In addition, alcoholism is covered by 37 plans in 23 states, two Canadian provinces, and Puerto Rico. Drug addiction is covered under 35 plans in 22 states, two Canadian provinces, and Puerto Rico.

Length of treatment varies from 7 days in the lifetime of the members to 30 days

a certificate year, 45 days on first admission, full coverage in member hospitals, and 51 days. One plan in Virginia even provides for a 10-day period of shock therapy once a year. In most cases, the hospital must have some sort of recognition.

Some plans, however, exclude pre-existing conditions and payments for disorders in cases where care is available under federal, state, county, or city laws. Still others require a waiting period for certain types of illness.

An electric water cooler on each ward has increased the over-all physical comfort of mental patients, Louisville (Ky.) General Hospital has found.

MENTAL HOSPITAL AWARD WINNERS ANNOUNCED

Three hospitals were selected this year for the A.P.A. Mental Hospital Achievement Award as announced at the A.P.A. Annual Meeting in Detroit on May 3.

PEORIA STATE HOSPITAL, Peoria, Ill., Walter H. Baer, M.D., Superintendent: *For the organization of outpatient clinic services providing for preventive measures and early diagnosis and treatment of personality disorders in children and adults.*

MOOSE LAKE STATE HOSPITAL, Moose Lake, Minn., H. Hutchinson, M.D., Superintendent: *For the elimination of mechanical restraints and the substitution of social outlets therefore as an outstanding example of a statewide trend throughout Minnesota.*

PROVINCIAL MENTAL HOSPITAL, Ponoka, Alberta, Canada, Randall R. MacLean, M.D., Director, Division of Mental Health, Alberta, and Medical Superintendent of "Rosehaven": *For the establishment of "Rosehaven," a special center set aside from the mental hospital for the care of patients 70 years of age or more.*

The three winners were selected from 36 applications by members of the A.P.A. Central Inspection Board who acted as judges. The judges noted that the applications were "an indication of the great effort and activity" of mental hospitals throughout the U. S. and Canada, and that these efforts "should be publicized, especially in view of the unfavorable publicity that has been appearing about mental hospitals." The A.P.A. Council approved this sentiment and steps will be taken to publish the applications in some suitable form through the Mental Hospital Service and by other means.

SURVEY SHOWS IMPROVED NURSE-PATIENT RATIO

There was one nurse or attendant for every 7.20 patients in all types of psychiatric hospitals contacted in the U. S. in 1949, as compared with 1:10.87 in 1948, according to the tabulated results of the 1949 Survey of the A.P.A. Committee on Psychiatric Nursing.

The survey was made by the office of the Committee's Nursing Consultant, Miss Dorothy Clark (1270 Avenue of Americas, New York 20, N. Y.).

The tabulation is based on 194 replies to 341 questionnaires distributed to all types of mental hospitals, with a total patient population of 377,655. It was found that the hospitals replying employed 6,055 nurses and 46,341 other nonprofessional personnel, making the total nursing personnel 52,396, or a nursing personnel-patient ratio of 1:7.20.

Miss Clark makes the point that if these ratios are applied to the entire United States, it may be estimated that in 1949 there were 10,816 nurses and 82,875 attendants caring for an estimated total population of 674,603. This compares with an estimated 5,378 nurses and 55,739 attendants caring for the 664,399 (official) patients in U. S. mental hospitals in 1948.

This is an encouraging picture. The Nursing Committee hopes that more hospitals will reply to the 1950 questionnaire, which will be shortened and designed to avoid duplication with other questionnaires as far as possible.

Next month the *Bulletin* will carry a breakdown of the 1949 statistics by category of hospitals. The Nursing Consultant welcomes your comments.